

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Title: Publishing System and Method

Inventor: Howard E. Farran

Serial No.: 10/805,092

Filing Date: March 19, 2004

Conf. No.: 7714

Examiner: Carlson, Jeffery D.

Group Art Unit: 3622

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**Declaration of Howard E. Farran under 37 C.F.R. § 1.131**

I, Howard E. Farran, state that:

1. I am a citizen of the United States of America. My post office address is 2119 E. Clubhouse Drive, Phoenix, AZ 85048.

2. I am the inventor of the subject matter that is claimed on the invention entitled "Publishing System and Method," for which a patent application was filed with the United States Patent and Trademark Office on March 19, 2004 and was assigned serial number 10/805,092 (the "Application"). As set forth in the Application, it claims the benefit of United States Provisional Application No. 60/455,773, which was filed on March 19, 2003 (the "Provisional Application").

3. The invention claimed in the Application was completed before January 2003, as demonstrated by the facts set forth below in this Declaration.

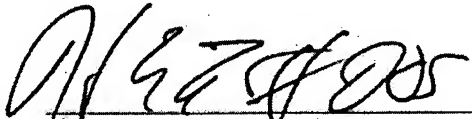
4. The invention claimed in the Application was implemented in connection with the April 2002 issue of DentalTown magazine, volume 3 issue 4 (the "Publication"), which was completed and published in April 2002.

5. This is confirmed by **Exhibit 1** to this Declaration, which includes a copy of the cover to the Publication and pages 38 and 39, which illustrate the feature of the invention involving printing selected threads from the online forum.

6. I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. § 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this Declaration is directed.

Dated this 26th day of May 2009

By:

  
Howard E. Farran, DDS

# DentalTown

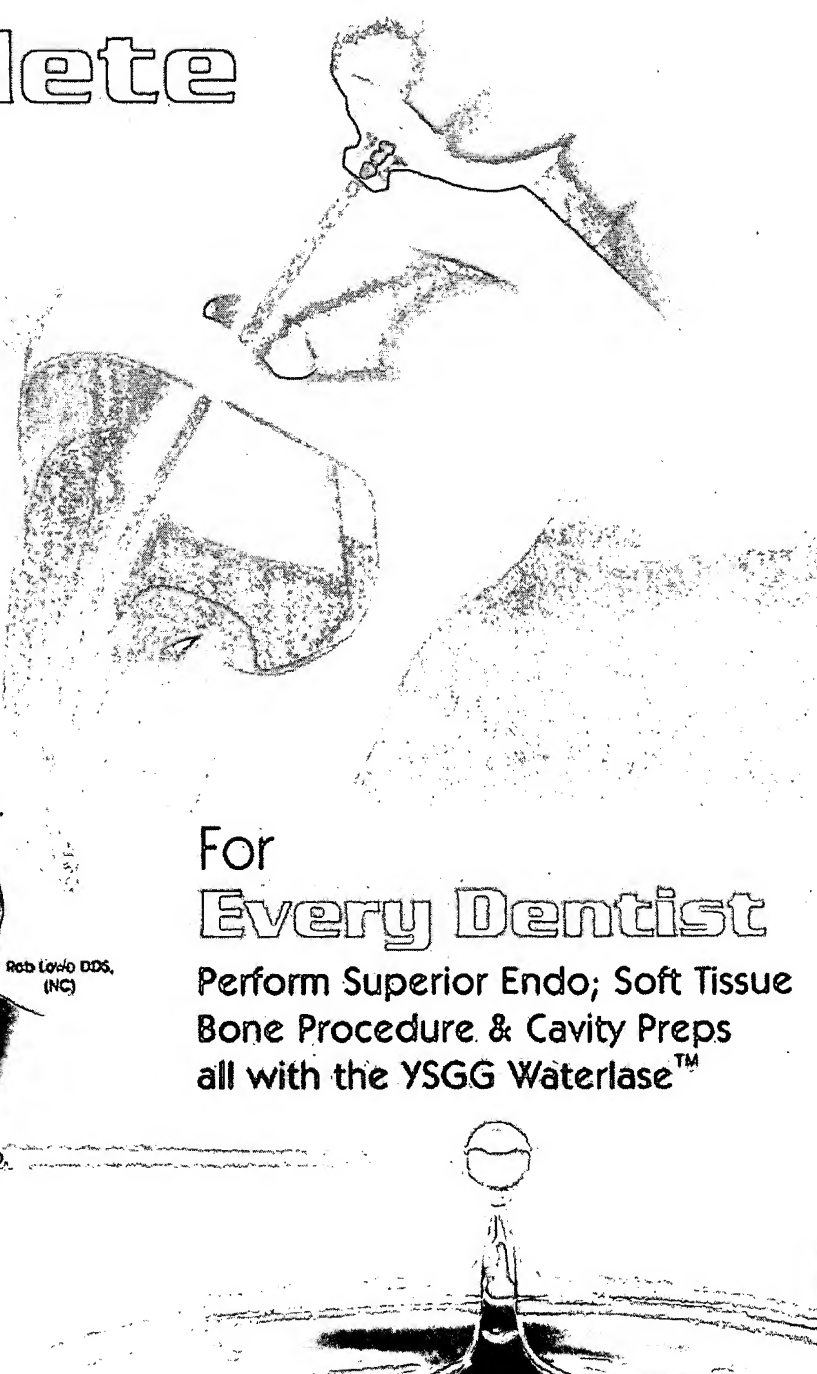
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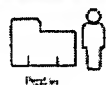
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## Can't Get the Tooth Numb!

A Townie discussion from [www.dentaltown.com](http://www.dentaltown.com)



**socalsam**

From: **Tarzana, California**  
Posts: **1676**  
Registered: **December 2000**


 posted 02-28-2002 02:12 PM

Patient came in with pain #18. Took PA showed lucency. Sensitive to percussion. Very sensitive to cold stimulus. Diagnosed irreversible pulpitis and recommend RCT. Patient consents. #18 had an occlusal amalgam which I removed after anesthetic and saw a nice crack running along the distal wall and pulpal floor. None of the pieces were mobile. As soon as I got into the pulp chamber, patient jumped out of the chair. No matter what I did, I could not get her numb. I used 4 carps of Carbocaine and Lidocaine with epi. I finally extirpated (patient almost hit the ceiling) and packed with formocresol and Cavit and reappointed. Question: Could the crack in the tooth lead to inability to anesthetize? Question: Is formocresol still used by folks out there? Question: How the hell do I get her numb next time, or is it time to punt to endodontist?



**garrisonmt**

Posts: **146**  
Registered: **August 2000**


 posted 02-28-2002 02:34 PM

1-PDL injection w/Articaine  
2-Shoot any anesthetic into the pulp. let it sit if the pressure hurts when injecting and try it 5 min later, after all, if you're there, numb it up!  
3-Articaine on the buccal (infiltration).



**mrfred**

From: **Pennsylvania**  
Posts: **133**  
Registered: **June 2001**

 posted 02-28-2002 03:21 PM


PDL injection, injection into furca from lingual, intrapulpal. I usually find the latter works if all else fails. I have just started using Articaine, but have had much success with these using Lidocaine w/epi.

When I have a tooth such as the one you describe with crack in it, with such exquisite sensitivity, I would be very suspicious of the crack running all the way down the root and/or into the furca. I would get a band or temp crown on it ASAP, certainly take it out of occlusion.



**augustdds**

From: **Encino, California**  
Posts: **809**  
Registered: **December 2000**


 posted 02-28-2002 03:40 PM

Come by my office to get some Articaine.  
1. Gow gates block with 2 carps of Articaine.  
2. Pre-med with a Vicoden ES one hour prior to tx. Patient should have Ab on board also (at least 2 days prior)  
3. PDL with 2% Lido w/1:50k epi  
I don't want to sound like I am braggin', but I have never had to reappoint due to an inability to get numb. I always have a pre-loaded Ligmajet in every room ready in case a block fails.



**marshall\_white\_dmd**

From: **Newark, Ohio**  
Posts: **1636**  
Registered: **August 2000**


 posted 02-28-2002 05:00 PM

X-tip or Stabident. A carpule of Citanest or Marcaine. Enough said.



**Rod**

From: **Mission Viejo, California**  
Posts: **2210**  
Registered: **March 2000**

 posted 02-28-2002 07:10 PM

Can you say "X-tip"? End of story. No need for the intrapulpal. In fact, I would NEVER give an intrapulpal. (Well, ALMOST never). We are in the people business. That instant pain from the intrapulpal, even though it only lasts a second, is unacceptable. The patient has already told us they felt it. And they know we're doing a root canal, so they're damned scared anyway. No, get the X-tip, and at the slightest sign of the patient feeling it, go directly to the X-tip. In fact, I would not even consider entering the pulp of a hot tooth without first using the X-tip. I like my patients-why would I want to cause them to HATE me?

A hot tooth changes the pH of the neurons, and the reaction with the local anesthetic does not

work as well. They say that Citanest will work better in these situations.

Anatomical studies have shown, in the mandibular nerve bundle, that you can, with certain strain, locate the neurons that go to the affected pulp.

☺ posted 02-28-2002 07:23 PM



dochardee

From: Tampa, Florida

Posts: 79

Registered: February 2002

I love the Stabident/X-tips WHEN they can perforate the cortical plate...they need to make the perforator just a couple mm longer. I've complained to the inventor and the company to no avail. FYI, I use Marcaine with epi 1:200,000 for the intra-osseous injection and get about 90 mins profound sedation...inject slow, increased heart rate is much less of a problem than with Lidocaine with 1:100,000. Cutting the Epinephrine concentration in half really makes a difference. You can of course use Carbocaine plain but it will not last long. Sometimes even with the intra-osseous I still need some intra-pulpal anesthetic. Lower seconds are tough enough to get profoundly numb, much more so in the presence of acute periapical inflammation.

📧 posted 03-02-2002 12:41 PM



jawdoc

Posts: 147


Registered: September 2001

I agree with Rod and Marshall in that the X-tip is wonderful. I have both the Stabident and the X-tip. I use the Stabident if I have a flap open and the X-tip if I don't. They work instantaneously and are predictable.

**Want to Know More?** The above information is just a small sample of the information available on [www.dentalown.com](http://www.dentalown.com), within the Endo Discussion Group Search Words to find out more about tooth numb!

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